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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number MOR3-PT021

First Named Inventor Boon

### COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CABLE HANDLING APPARATUS**

the specification of which

(Title of the invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/13/2004 as United States Application Number or PCT International

Application Number PCT/AU2004/001227 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 305(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2003905304	AU	09/30/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

Application Number(s) Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

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PTO/SB/01 (12-87)

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<b>DECLARATION — Utility or Design Patent Application</b>							
<small>I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.</small>							
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input checked="" type="checkbox"/> Customer Number <span style="border: 1px solid black; padding: 2px 10px;">3624</span> </div> <div> <input type="checkbox"/> Registered practitioner(s) name/registration number listed below             </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <small>Place Customer Number Bar Code Label here</small> </div> </div>							
Name		Registration Number		Name		Registration Number	
<small>Namely, the Attorneys of Volpe and Koenig, P.C.</small>							
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input checked="" type="checkbox"/> Customer Number or Bar Code Label <span style="border: 1px solid black; padding: 2px 10px;">3624</span> </div> <div> <input type="checkbox"/> Correspondence address below             </div> </div>							
<div style="display: flex;"> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Name</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Address</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Address</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">City</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Country</div> </div> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">VOLPE AND KOENIG, P.C.</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;"></div> </div> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">State</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">ZIP</div> </div> <div style="flex: 1;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Telephone</div> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Fax</div> </div> </div>							
<small>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</small>							
Name of Sole or First Inventor: <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <input type="checkbox"/> A petition has been filed for this unsigned inventor             </div> </div>							
Given Name (first and middle if any)				Family Name or Surname			
Ian, Charles				Boon			
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Parkdale						3195	
						Australia	
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							